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## BIB DATA SHEET

CONFIRMATION NO. 4051

<b>SERIAL NUMBER</b> 10/813,213	<b>FILING or 371(c) DATE</b> 03/30/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> OSTEONICS 3.0-455		
<b>APPLICANTS</b> Nicolas Deloge, Douvres, FRANCE; Arnaud Aux Epauls, Saint-aubin-sur-mer, FRANCE; Gerard Asencio, Nimes, FRANCE;						
<b>** CONTINUING DATA *****</b> <i>none</i>						
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0307648.6 04/02/2003 <i>ok ok</i>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 06/19/2004						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /DAVID C COMSTOCK/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWINGS</b> 4	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK 600 SOUTH AVENUE WEST WESTFIELD, NJ 07090 UNITED STATES						
<b>TITLE</b> Greater trochanteric re-attachment device						
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		